# KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, NOVEMBER 24, 1894. No. 47.

## ORIGINAL ARTICLES.

### Prevention of Insanity.

BY GERSHOM H. HILL, A.M., M.D.,

Superintendent of the Iowa Hospital for the Insane, at Independence.

Read before the American Academy of Medicine at its meeting in Jefferson, N. H., August 30, 1894.—Reprint from Bulletin American Academy of Medicine.

This century and our own generation are remarkable for the efforts made and the success achieved in preventive medicine.

One hundred years ago Edward Jenner gave us vaccination for smallpox. Cholera, yellow fever, diphtheria, and other less fatal maladies are being exterminated. The prevention of disease is the purpose which inspires the pathologist, also the student in bacteriology. Questions pertaining to preventive medicine are not only discussed in meetings of medical men, but in public health associations, in social science conventions and in legislative halls. Self-preservation is an instinctive desire. All intelligent persons take an interest in subjects which pertain to their own welfare.

One of the most important methods by which preventive medicine can be made effective is by creating public sentiment, by giving right direction to public opinion.

The total loss of life in this country from causes well known to be preventable is certainly over one hundred thousand annually. If we consider theoretical possibilities, rather than actual probabilities, these figures can be doubled.

An equal amount of sickness, which does not speedily terminate in death, constantly prevails in the United States from causes which we have good reason to think are preventable.

In former times insanity was not considered a physical disease, but due to the mysterious influence of the moon, or an infliction by an offended deity. Mental alienation could only be prevented by appeasing the wrath of an unseen agent. Almost the only kind of treatment given for this "shameful disorder" was starvation, or some form of corporal punishment.

In these, the closing years of the nineteenth century, we find a radical change. Now it is understood that the mind can only act through the instrumentality of the brain; hence if there are alterations in the perceptive or reasoning faculties, if the sensibilities and the will are abnormal so that the individual is evidently not himself, it must be inferred that the nervous centers are diseased.

Since the percentage of foreign-born persons among the insane is twice as large as the percentage of foreigners in the whole population of this country, it is evident that we can prevent insanity somewhat by restricting immigration.

In determining the methods by which insanity can be prevented, it is necessary to consider the causes of this disease which it is possible to avoid. When the causes of insanity are collected and compared we find that they are either predisposing or exciting physical or mental, inherited, self-induced, or accidental.

In studying the development of most cases of insanity we learn that a combination of causes brought about the result. As a rule then, when one cause is specified, it is not the sole or exclusive clause, but the apparent or most prominent one.

In general terms the predisposing causes of insanity are physical; such as heredity,

a defective brain, epilepsy, syphilis, or intemperance: while the exciting causes are mental; such as religious excitement, grief, domestic or pecuniary trouble.

In every child we expect to find more or less family resemblance. As the body and the mind develop, characteristics of parents and other relatives are certain to crop out. Applicants for life insurance are considered poor risks and are refused policies if their ancestors were short-lived, or consumptive, or insane.

Dr. Blandford, lecturer on Psychologic Medicine at St. George's Hospital, read a paper recently at Bristol, England, on the "Prevention of Insanity," in which he said: "I have long been of the opinion that insanity is to be prevented chiefly by limiting the propagation of this most fearful disease through the union of affected persons."

Since it is certain that heredity is a fundamental and most frequent factor in the problem under consideration, this disease can, to a considerable extent, be prevented by prohibiting marriage in persons who have epilepsy or who have been insane, or who inherit a marked tendency toward mental derangement.

When either parent was insane before the individual was born, or where there have been several near relatives, in the family of either parent, who have suffered from mental derangement, it is fair to infer that a person so impregnated is liable and even likely to become insane. It is not an infrequent occurrence for persons who have been insane, and even for those who have been patients in a hospital for the insane, to get married.

Since insanity is not only an hereditary but a recurrent disease, should not the law concerning marriage be so amended as to require the clerk to refuse a license when he ascertains that either of the applicants has been insane? I believe that the addition of such an enactment as I suggest would not only have a legal restraining influence, but would do much toward educating public sentiment and deterring engagements to marry persons who have been insane, or who are predisposed to insanity. The marriage contract is a most important one, not only to the man and woman immediately concerned, but to their posterity.

Are not clergymen derelict when they quickly unite in wedlock persons with whom they are not in the least acquainted, or those whom they have good reasons for believing are unfit to assume the relations of husband and wife; or in cases where they know that one of the applicants, if not both, ought not to beget offspring? Although ministers refusing to marry such couples lose the fees which are finally paid to others, yet they have the consciousness of undertaking to prevent wrong-doing in exceptional cases, and at the same time realize that they thus create public sentiment concerning the consequences of marriage.

If it is generally and clearly understood that the children of an epileptic, or a syphilitic person, or one who is an habitual drunkard, are liable to become deranged, some cases of insanity would be prevented.

Another important method by which insanity can be prevented, consists in not allowing insane husbands or insane wives to go home from the hospital unless they recover. The object of such detention being to prevent insane persons from having children.

Besides persons who inherit insanity, others are predisposed to this disease because they are not regularly and amply endowed. Their minds are shallow, or narrow, or not firmly balanced. These susceptible ones must not be imposed upon, nor neglected. They should not assume the most responsible positions in society, but, on the contrary, should rely upon friends to remove obstructions from their pathway, and to shelter them.

The next cause of insanity which may be prevented is intemperance. Dr. Edgar Sheperd, of Colney Hatch Asylum, is of the opinion that, directly or indirectly, 40 per cent. of the British insanity springs from intoxicating drinks.

General paresis is a common and incurable form of insanity. It is caused by the excessive use of stimulants, and syphilis. The enforcement of laws restricting the sale

of intoxicants and against promiscuous sexual intercourse will limit the number of cases suffering from this and from other kinds of insanity.

The insanity caused directly by the use of stimulants, in Iowa at least, is confined almost exclusively to men; so it is with cases caused by injuries to the head. On account of occupation the sterner sex is more exposed than women to accidents which injure not only the head but other parts of the body. The same is true of sunstroke. This cause of insanity is quite frequent in Iowa and other agricultural States. However, I am of the opinion that cases are not so likely to occur now as formerly, since we raise much less wheat, and since more labor-saving machinery is used in the harvest field, and in other kinds of work done in hot weather.

Of course, the best way to avoid insanity thus caused is to guard carefully against receiving these injuries to the brain. When, however, the head has been injured, the patient should refrain from his usual pursuits and keep quiet until all symptoms of the damage done are gone. The fall or the blow may produce concussion of the brain, even when there is no external injury to the head. If the mind is affected so that the patient is unconscious, confused or delirious, a physician should be called to determine the gravity of the injury, and if possible to prevent the lesion from becoming permanent. Although the recovery from such accidents may be speedy and complete, yet mental derangement, which develops in after years, in certain cases, can only be accounted for by attributing it to an old injury to the head. May not the epilepsy which begins in infancy and continues through life be due to injuries received at birth, rather than to the irritation of teething or of worms?

Not a few cases of insanity are the result of poor health. This condition of the body may be general in its character and manifested by anæmia or nervous debility. Pulmonary tuberculosis sometimes produces morbidness of the mind. Impairment of the vital forces is usually the cause of melancholia.

Overwork, in this country and in this generation, not only leads to various diseases and death, but it may be the prime cause of dethroning reason. This is more particularly true when the occupation is largely mental. Not many Americans experience extreme poverty and want, but we as a people are ambitious and proud; we are not satisfied to lead an humble life, with only enough of food, clothing and shelter for present needs, "we want the earth." We not only struggle for existence, but strive for luxury, wealth, political and social preferment. We live fast, we go by steam, do business by electricity and turn night into day; we earn our living with our nerves, not our muscles; we exercise our minds more than our bodies. The development of the body and the preservation of the physical powers must not be neglected. Man's ability to continue in intellectual pursuits and to stand competition depends not a little on the endurance which thorough physical development gives.

Children do not become insane unless they are defective at birth, or are epileptics. The same may be said, for the most part, of persons in their teens. And yet this is the formative period of life; during these tender years, conditions of the body and mind may become established which make the nervous system permanently weak. Bad habits are more injurious to the young than to persons who are mature. During boyhood parents should guard sons against the use of tobacco and from the choice of vicious companions. For their daughters they should consult the family physician if at puberty the change peculiar to their sex is not promptly and well established. Nervous debility, hypochrondia, hysteria, chorea, and more profound forms of mental disturbance may thus be prevented. Pupils in the high schools are in more danger of losing their health and ultimately their minds from social dissipation and late hours, than from too much study.

Other things being equal, the single are more likely to become deranged than the married, consequently this domestic relation

may be considered a preventative of insanity. Almost the only conditions to the contrary are the injuries incident to child-bearing. The mother may be prostrated by having children too often, especially when she has the sole care of the little ones, and multifarious household duties besides. During pregnancy the wife should receive kind attention and be kept in a cheerful frame of mind. During and after labor she should be provided with a good nurse and a good physician.

While in child-bed the mind is exceed ingly susceptible, therefore the mother should be kept in quiet seclusion. Occasionally women become deranged by being talked to on the subject of religion, or otherwise agitated during this critical period. Delicate mothers who have fat, strong babies may not only become anæmic and nervous from prolonged lactation, but melancholy or delirious.

The climacteric period in a woman's experience known as "the change of life," is often attended by considerable constitutional disturbance. During the months and years of this trying and unstable transition she should not overtax her strength, and should receive more or less medical attention.

The only remaining physical causes of insanity which I will mention, are the use of tobacco and of opium, and the practice of masturbation. The immoderate use of tobacco often produces nervous debility, but it is seldom the sole couse of insanity. Although persons addicted to the opium habit become morbid and demoralized, they are rarely numbered among the insane. Masturbation is sometimes the cause of insanity in young men, but almost never in young women. Self-abuse is most common, most persistent and most baneful in persons of a neurotic temperament. This vice is not infrequently assigned as the cause when instead it is the result of insanity.

The moral causes of insanity are such as pertain to education, disappointed affections, jealousy, pecuniary embarrassment, domestic trouble, fright, anger, political or religious excitement.

By examining the statistical tables in hospital reports, which name the supposed or assigned causes of insanity in those admitted, it is found that in three-fourths of the cases physical causes are the most prominent.

The disease which will eventually attack a person largely depends on latent proclivities. A judicious man does not ignore his weak points whether they be physical or mental, but appreciates them. If they cannot be cured he adapts his habits and his life-work to them. Children who are indulged to the fullest extent in the course of time become extremely selfish. As men and women they are likely to be unreasonable and intolerable.

Again, persons who do not restrain their tempers may occasionally go to the extreme, and for the time being get positively "mad."

The despondent individual may gravitate into a confirmed hypochrondiac, or a case of profound melancholia. One having a nervous temperament may yield to his inclinations until he not only becomes habitually restless in body, but unstable in mind.

Persons who know they are predisposed to insanity may escape mental derangement by avoiding the exciting causes, such as poor health, employment exclusively mental and involving great responsibility; also such domestic and social conditions as are likely to habitually agitate the mind.

Again we can forestall the disease by giving heed to the premonitory symptoms. The earliest and most frequent of these is inability to secure sufficient sleep. This trouble may be manifested by difficulty in going to sleep, or by failure to obtain sound sleep, consequently the nervous system is not renewed in strength. If insomnia is the result of overtaxing the mind, a respite must be insisted on; if due to vascular fullness of the brain the mind must be diverted and relaxed a few hours before it is time to retire.

Other premonitory symptoms are an uncomfortable feeling in the head, a persistent, but usually not severe, pain in the brain: a dullness of the perceptive faculties; an im-

pairment of the memory, an inability to think rapidly and clearly; restlessness of body and of mind, an undue manifestation of emotion; unwonted carelessness of habits; an uncalled-for change in disposition and tastes; a strange desire to speculate; a disregard for external appearance, also for the opinions and feelings of others. When a person discovers any of these morbid conditions in himself or notices them in a relative or friend, he should take warning and seek relief.

Hard work is wholesome; vigorous and persistent mental activity is ennobling, but energetic and ambitious people must learn when to "put on the brakes" and remember that "man is mortal."

Insanity does not necessarily imply nonsensical talk, or well-marked mental excitement, or complete loss of self-control; it simply means unsoundness of mind, unnatural and unreasonable conduct. Since mental derangement may develop gradually and insidiously, the precursors of this disease should be recognized and acted upon. Rest is the panacea. It must not be postponed until convenient to take it, but be secured when needed. Everybody should remember the Sabbath day, not only to keep it holy, but to rest the body from accustomed labor, to turn the thoughts away from worldly affairs at regular intervals.

Tendencies to become moody, to allow the mind to dwell on one subject, to get "cranky" (crooked), are counteracted by mingling in good society. Sociability begets cheerfulness, amusement turns the mind away from itself, and contact with all kinds of people increases one's common sense. Human adaptability is thus acquired.

The insanity which comes in a new country to the farmer's wife is not so much the result of overwork as it is due to a monotonous life, an unattractive home, a lack of near and congenial neighbors, an absence of church privileges.

A liberal education develops all the faculties of the mind, it makes a man level-headed; it broadens the comprehension, it enables one to be independent in thought and action, it certainly prevents insanity. Intellectual superiority naturally creates self-respect, and self-respect encourages self-control, and self-control enables one to preserve equanimity during the crises of life.

The self-prevention of insanity, so far as self-management and control are possible, is then a great duty. "If he who has fallen a victim to insanity could unroll the complete map of his former life from the beginning to the end of his course, and patiently retrace his course, and retrace the roads and by-paths by which he has arrived at his present mental condition, he might have to blame a neglected education, ill-regulated passions, vice and consequent misery; or if free from these causes, he would probably have to blame what I might best express as the complete mismanagement of the mental functions."

Regular occupation, exemplary habits, a noble aim in life, and a character built upon fixed moral principles are safeguards against mental alienation. A reasonable belief in the doctrines of the Scriptures, and a uniform endeavor to live in accordance with the precepts of the Saviour of mankind, tend to preserve rather than weaken the mind. By keeping the commandments we escape most of the vices and embarrassments of life, and with the promises of the Good Book we are comforted and strengthened in its unavoidable tribulations.

---

## Septic Purpura Hemorrhagica.

BY S. G. STEWART, M.D.

A case reported to the Topeka Academy of Medicine and Surgery November 12, 1894.

In the morning of September 26 was called to see a nine months old babe that was suddenly attacked with vomiting, high fever, and a petichial eruption extending over the entire body. Temperature was 103° F., breathing quick and asthmatic.

Visiting the patient later in the day found that the eruption, which was red in the morning, was purpuric in color. Many were large and irregular; some very small,

not larger than the head of a pin. It was clear at this visit that I had a case of purpura hemorrhagica.

The babe was very much depressed and seemed in great danger. Temperature at the evening visit was 104°; at my morning visit on the 27th temperature was 102°.

Many of the hemorrhagic spots were much larger; some two inches in length and three quarters of an inch in breadth. From this time on I visited the patient once or twice daily. Temperature ranged from 99° to 102° F. In the right foot a considerable hemorrhage occurred, filling the tissues of the middle toe, and extending to the middle of the foot.

On the fourth day blisters formed over the purpuric spots, and on the ninth day it was evident that sloughing would take place in all the spots, and so it was. Every purpuric spot on the body sloughed, and the toe into which the hemorrhage occurred sloughed off at the second joint.

Pus did not form.

About the fourteenth day the babe began to show signs of improvement. It had been much depressed and lost flesh rapidly, and was much emaciated. The sloughing of the purpuric spots gave the babe great pain. The arms, legs, back and hips were especially painful, as the sloughing involved the skin and muscularis, but the face and head were not spared, as the scars show. Improvement went steadily on but very slowly. At this writing the babe is looking quite well and improving rapidly. There was not a second crop of the irruption as sometimes occurs.

The treatment was first small doses of ergot, and later tinct. ferri chloridi in one-drop doses every three hours. Special attention was directed to nourishment—it was nursing and this was supplemented with diluted cow's milk.

Concerning the etiology, this is obscure. Father and mother healthy. Hygienic conditions good with the exception that the manhole of the sewer is open in the alley adjoining the house and the exhalations are sometimes noticed in the house.

## Auto-Intoxication.

The Times and Register.

Auto-intoxication of gastro-intestinal origin other than that produced by alcohol and other causes of hepatic cirrhosis is a very important subject and one which has been particularly brought forward by Bouchard. Many varied diseases and conditions have their origin in this cause.

Nervous symptoms, cutaneous diseases, kidney affections, disorders of general nutrition, rickets, tetanus coma (which has been named dyspeptic coma).

The poisons of the digestive tube are of alimentary origin and are formed in the intestinal canal. Fermentation is frequent and gives rise to the production of lactic, acetic, butyric, valerianic, propionic, olic, palmetic, margaric, oxalic acids; aldehydes, acetones, etc., the latter being present in dyspeptic coma. Syntonine, peptotoxin, etc., have been found in the stomach. Intestinal products are still more numerous. The products of deranged biliary secretion are very toxic. Indol, skatol, cresol phenols, potash salts, etc., may be placed in the same list.

Most of these result from the action of the micro-organisms, which reduce the antiseptic properties of the bile, since they are able (staphylococcus aureus and bacillus coli) to live in pure bile; other organisms are found in the stomach. Of these the B. coli is the most dangerous. Stagnation of the ingesta of a greater or less degree is principally responsible for the production of the fermentations.

Bouvent and Devio introduced by the veins a solution of the alcoholic extract of the digestive liquids. Three substances have been isolated from the complex solution.

First—A brownish substance, not very poisonous.

Second—A yellowish substance, a convulsive poison of great intensity.

Third—A colorless coma-producing agent.

# Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

**Topeka, Kansas, Saturday, Nov. 24, 1894.**


## The Board of Health.

At present the papers seem to be greatly agitated over what is characterized as an attempted steal by the State Board of Health. Without going into the merits of the case, let us consider the possible results of the present agitation. A few years ago most of us know it was only by the hardest work that our Board of Health was retained. There was a determined effort in the Legislature to do away with it entirely. There is at the present time a feeling among politicians, and occasionally the same feeling is found among physicians, that the Board of Health is a useless and expensive appendage to our State institutions. It is not unlikely with the existing state of affairs that this feeling may be increased. It would be considered by a great many politicians a master stroke for Gov. Lewelling to recommend the abolishment of the State Board of Health. The case now in the courts and before the people will have a strong influence in bringing about such a result. There are those, who have had experience in legislative work, who believe that the existence of the Board of Health is the greatest obstruction in securing the passage of a medical law. The Legislature will refuse to enact any law which requlres the creation of an additional Board and an additional expense to the State. On the other hand the profession has been antagonistic to any plan by which additional authority in the way of granting certificates to practice shall be delegated to the Board of Health. The bill as agreed upon by the convention of May 15 delegates this power to the State Board of Health, and makes no provision for the creation of any other body. Should our bill pass, and we are assured that it will, and the Board of Health be abolished our law would be inoperative. It is very doubtful, if the present organization should be abolished that another Board would be created. It is certainly to the interest of the profession that these attacks upon the Board of Health should be prevented; or, if that is impossible, that individuals rather than the organization itself bear the blame. There is no delusion in the effort that is being made against the life of the Board, and with no better prospect for medical legislation than appears without its existence, it behooves us all to battle for the cause.

The antagonism of the profession toward granting additional powers to the Board of Health was due to the manner in which appointments to the Board were made. Could politics be eliminated from these appointments and they be made to depend upon medical ability alone, we believe there would be no opposition. At any rate the demand for legisllation has outgrown the fears of the profession, and we believe we are as a unit in favor of the bill proposed by the convention.

## The Old or the New.

In these times of rapid development, when the ideas of yesterday are old to-day, when time-honored theories are trampled under the foot of modern science, it is not surprising that many of us should hold with a tenacious grip to the delusions of our older pathology. The perfection of chemical manipulations and more frequent application of the microscope, have led to such wonderful strides in our knowledge of the human economy that skeptics must not only be expected but tolerated. The too ready acceptance of every theory advanced is as much to be regretted as the hesitancy in other cases. When, however, after careful investigation, yeare of experimentation and the corroboration of hundreds of pathologists, a theory is established as fact, we can see no reason for further skepticism. There are able practitioners of medicine in the field to-day who still refuse to accept the germ theory of disease. They acknowledge the germ, but refuse to believe in it as a causative agent of disease. These same gentlemen accept without consideration a dogma explaining the occurrence of the crepitant rale. They will most readily condemn the surgeon who neglects his aseptic precautions, but do not stop to think why. The causative agency of specific germs in the development of specific diseases seems so clearly demonstrated we can see no excuse for argument against it. Perhaps our knowledge of the precise *modus operandi* of these organisms is not exact, but whether it be the germ itself or its ptomaine is not essential to the truth of the principle. The theory that germs are products of disease, if it be true does not preclude the possibility of their also being a cause.

It has been positively demonstrated by the culture and inoculation of specific germs that the same pathological conditions may be produced. It does not matter to us whether the germs are carriers of ptomaines from the decomposition of other structures or the poison be some organic element of the germ itself, the principle is the same. They are the active causative agent in the transmission and production of disease.

We would not advocate the too ready acceptance of untried theories nor the hasty adoption of every new remedy in preference to those experience has proven our friends. But we cannot afford to lose the aid of even a flickering light when groping in the dark. If we have neither the knowledge, the ability nor the facilities for disproving the discoveries of others, it is policy at least to accept with all due credit the results of their work.

## Helbing's Modern Materia Medica.

"Helbing's Modern Materia Medica" is the title of a book published October 15, 1894, which we are pleased to be able to bring to your attention. It is an unabridged, accurate, reliable and valuable reference book on *new remedies*, 300 pages, elegantly bound in cloth. Every new remedy produced synthetically and introduced during the last ten years is here described, each in a separate monograph, giving name, synonyms, derivation, chemical and physical characteristics and medicinal uses (all with reference to authorities; these monographs are complete and satisfactory, and contain a full resume of knowledge of these products up to date.

In part II new remedies of botanical, mineral and other origin are described with similar accuracy.

Then follow tables on dosage, solubility, melting and boiling points, tests for detection of new remedies in urine, and a long list of commercial names with synonyms or description.

The index to new remedies and synonyms comprises 1,083 names. There is no reference book in the English language to equal this on the subject of new remedies; it is at least one year ahead of even the most recently issued text and reference books on materia medica and therapeutics.

The publisher's price is $2 per copy—

which is cheap for the value of such an indispensable reference book. Through special arrangement with the publishers we are enabled to offer this book with each bona fide yearly subscription to our journal at the club rate of $2.50.

If you will send us $2.50 (by check or money order) we will renew your subscription for one year and send a copy of Helbing's Modern Materia Medica by return mail postpaid.

## The Decline of the Pessary.

Omaha Clinic.

"No one invents a pessary nowadays, in strange contrast to the time when scarcely a man prominent in the practice of diseases of women did not invent one." One may conclude from this that either all available pessary devices have been invented, or that the use of the pessary is to be discouraged. It is the latter view that Dr. J. G. Blake holds in a communication to the Obstetrical Society of Boston, April, 1894; his alternative for the pessary is, of course, surgical procedure. His complaint is more of the abuse than the use of the pessary, although he quotes Fritsch, a German writer, who declared that he had spent ten years in learning the treatment by pessaries, and considered it the most difficult in the whole range of gynecology, and that it is easier to perform a laparotomy than to apply an accurately fitting pessary. The same author criticises their use, declaring that the pessary heals palliatively, but injures definitively; for it distends the fornix vagina so enormously that even when it has been worn for years a cure is not to be hoped for. On the contrary, retroflexion of the uterus returns after removal of the pessary. The longer the uterus has been displaced, the longer the time necessary to enable the reflexed ligaments to return to a normal condition; and a few days have been sufficient, after its withdrawal, to have the uterus fall back into its old position. Among the means for attaining permanent cures, Blake mentions narrowing the vagina; pregnancy followed by prolonged rest in bed; dilating and curetting; and shortening the round ligaments. The first, he says, is only called for in complete prolapse, where no instrument, without external support, will keep the uterus within the vagina, but where it can be accomplished by narrowing the canal and outlet: these cases are comparatively rare. The operation of dilating, curetting, and packing is particularly adapted to the cure of anteflexions, and to the removal of enlargements which attend all forms of backward displacement. The combined dilating, curetting, and Alexander, is to his mind the true solution up to date of the vexed problem of backward displacements. Ventral fixation, by opening the abdomen, and by various other methods (the vaginal, for instance) of fastening the uterus, has been advocated by many writers. He sees no advantage in them over the simple, harmless, and in most cases effective, operation in proper cases, and of dispensing with pessaries. He thinks no one has yet devised a simpler, less dangerous, or more effective measure for the emancipation of women from the wearing of pessaries, than the two operations of dilating and curetting, and Alexander.

## Division of the Spermatic Cord for Enlarged Prostate.

North Carolina Medical Journal.

Dr. G. A. Harman (*Medical Age*), in view of the instinctive reluctance with which man would part with his testicles, even when he has arrived at that age when they can be of no possible service to him, and the fact that he does not wish to be known as an eunuch, proposes a simple division of the spermatic cord as a measure for causing atrophy of the prostate in lieu of castration, which is now being practiced. He recites the case of a man who would not submit to castration, but was easily induced to have the spermatic cord cut. He had been suffering for several years with an enlarged prostate, until he

had reached the state where something had to be done. The cord was worked over to one side and tne scrotum pressed closely around it. A hawk-bill bistoury was thrust through behind it and cut its way out. The severed ends of the cord and the cut scrotum were held in the fingers a minute or two to allow the blood vessels to contract, and when let go there was little bleeding. The wounds healed promptly. Atrophy of the testicles followed, as was expected, the size of the prostate diminished, and the patient much improved. His patient is not well, but is growing better instead of worse. He asks for a name for the operation.

## Alumnol.

The Brooklyn Medical Journal.

In the *College and Clinical Record*, Prof. J. A. Cantrell, of the Philadelphia Polyclinic, gives a resume of the therapeutics of alumnol in dermatology, and his personal experience, having used it in his own practice in one hundred cases. He regards it as preferable to dermatol by reason of its solubility. He prescribed it in powder with starch; as an ointment with petrolatum, gr. xx.—℥ i to ℥ i, and in solution, with water.

The cases treated and the results are as follows:

1. Acute inflammatory affections: (*a*) Eczema, 15 cases treated with the ointment, results satisfactory. (*b*) Erythema intertrigo, 3 cases, powder used, cured in 3 to 4 days. (*c*) Herpes Zoster, 2 cases, solution used; result was that of a protective only, no curative effect.

2. Chronic inflammatory affections: (*a*) Eczema, 23 cases, ointment used, result satisfactory. (*b*) Non-syphilitic ulcers, powder used, cure in 3 to 4 weeks. (*c*) Sycosis nonparasitic, 1 case, ointment used, no curative result.

3. Syphilitic affections, 5 cases, powder and solution both used, no appreciable result.

4. Parasitic affections: (*a*) Scabies, 21 cases, all cured in 2 to 4 weeks. (*b*) Tinea circinata, 5 cases, cured with ointment. (*c*) Tinea versicolor, 2 cases, good results with ointment. (*d*) Impetigo contagiosa, 11 cases, all cured with ointment.

## The Surgical Treatment of Empyema.

Medical Mirror.

Ashurst, of Philadelphia, in a paper on this subject, read at the recent meeting of the American Surgical Association at Washington, D.C., reaches the following conclusions:

1. No operation is justifiable unless the presence of pus is certain; unless thorough treatment by medical agents, blisters, etc.; has failed; or unless the symptoms, dyspnœa, etc., are so urgent as to demand immediate relief.

2. The first operation should consist of simple aspiration, with antiseptic precautions.

3. When the fluid has partially reaccumulated, as it almost certainly will do, if purulent, incision and drainage should be practiced.

4. Drainage is best effected by making two openings, one at the lowest point, and carrying a larger drainage-tube through the cavity from one opening to the other.

5. Drainage should be supplemented by washing out the cavity with mild antiseptic fluids; when the lung has expanded and the discharge has nearly ceased, the tube should be shortened, the upper opening being allowed to heal, and the tube then being gradually withdrawn through the lower opening.

6. When the lung is so bound down by adhesions that it cannot expand, resection of two or more ribs should be practiced (Estlander's operation, socalled), in order to allow collapse of the chest-wall and to promote healing by bringing the costal and visceral layers of the pleura into contact.

7. The more extensive operations of Schede and Tellmans, while probably justifiable in exceptional cases, are not to be recommended for general employment.

## Successful Treatment of Morphine Habit.

Druggists' Circular and Chemical Gazette.

M. Comby has reported, says the *Lancet*, the case of a young woman, aged 22 years, who after an attack of pelvic peritonitis had contracted the habit of injecting subcutaneously 0.25 gram of hydrochlorate of morphine a day in twenty doses. When admitted to the hospital she had reached an extreme degree of cachexia. From the first day the daily dose of the drug was reduced to 0.06 gram, given in three doses. She was given, at the same time, a mixture containing 0.10 gram of sparteine sulphate, 0.50 gram of caffeine, and 0.50 gram of sodium benzoate, the whole to be taken in twenty-four hours. This daily dose was continued for about a month, when the morphine was totally discontinued. At this date the condition of the patient had undergone a complete transformation, and the improvement had continued up to the time of the report. M. Comby considered the case cured.

## Oxalic Acid as a Germicide.

Druggists' Circular and Chemical Gazette.

Potassium permanganate has long been reputed a reliable germicide in practical surgical work; and at the Johns Hopkins Hospital, the routine preparation of the surgeons' hands was, after thorough washiag, to have them immersed in a solution of permanganate until stained a deep red brown. To remove the stain, they were then placed in a warm saturated solution of oxalic acid. Repeated bacteriological tests have shown that this method was very effective. A series of experiments by Dr. Mary Sherwood (Johns Hopkins Hospital Reports) to test the relative germicidal powers of the two solutions, however, seems to indicate that the real germicide was the solution of oxalic acid. Using bits of surgeon's silk, dipped in cultures of staphylococcus pyogenes, it was found that potassium permanganate in saturated solutions did not sterilize them, either at the room temperature, or at a temperature of 45 C., by exposure of from one to ten minutes. On the other hand, oxalic acid in saturated solution, at a temperature of 40 C. to 45 C., sterilized the infected threads exposed to its action for one minute, showing the oxalic acid to be the more powerful.

## Prof. H. A. Hare on the Position of the Head in Conditions of Inhibition of the Respiratory Reflexes.

The Times and Register.

On the evening of October 8 Prof. H. A. Hare, of Philadelphia, presented an essay before the New York Co-Medical Association, which dealt chiefly with the accidents in ether and chloroform anæsthesis; besides, the position which the head should be placed in to best obviate an impulsion of the pharynx by the tongue, and to aid in keeping the glands open.

In order to the better demonstrate his position he produced the upper part of a cadaver, with the calvaria removed. In this manner he showed by looking down through the foramen-magnum that when the tongue was drawn forward and upward and the head was so bent forward as to bring the chin snugly down on the sternum, the epiglottis is always raised and the rima cleared.

He believed that this procedure had a place in coma from any toxic agent, or even in that succeeding an injury to the brain; that by it an impediment to respiration was removed and the patient so placed that reestablishment of breathing was best favored.

Speaking of ether and chloroform in the matter of choice in operations, while he freely stated, "that, on the whole, chloroform was the most fatal, yet he believed that, while perhaps more left the operating table alive after taking ether, it was an open question whether or not the ultimate lethality was not greater than when chloroform was taken.

Death, in his experience in chloroform

poisoning, was primarily at the respiratory centers, breathing always ceasing first. He believed that when it was borne in mind that the vaso-motor system of nerves are actively concerned in the capillary circulation, we can the better understand why a prophylactic injection of atropine serves an important service in all cases wherein the general circulation is enfeebled.

## Diuretin.

The American Therapist.

Diuretin, the double compound of sodium, theobromine and sodium salicylate, has been generally found superior in marked diuretic aetion and safer in application than caffeine. It is administered in 15-grain doses, from 45 to 90 grains per day; being readily soluble it can be dispensed in palatable mixtures. Some of the best known indorsers of this product are Gram, Schroeder, Hoffman, Demme, Kress and Geissler. The continued and increasing use of this product indicates that its therapeutic effect is satisfactory; and now that the cost of pure caffeine has again advanced so enormously it is quite likely that diuretin will receive largely increased attention.

## Preservation of Sublimate Solutions.

Druggists' Circular and Chemical Gazette.

L. Vignon points out (*Jour. de Pharm. et de Chim.*) that the decomposition of sublimate solutions is principally due to alkaline substances in the water employed or the glass of which the recipients are formed, a limited quantity of such alkaline matter sufficing to cause the precipitation of a relatively considerable amount of mercury. On the other hand hydrochloric acid and alkaline chlorides increase the stability of such solutions, the first by saturating the alkaline precipitants, and the chlorides by their solvent power. As a result of a series of experiments he finds that ammonium chloride prevents precipitation by ammonia or albuminoid matter in the water, but fails to prevent the action of soda or sodium carbonate. Sodium chloride, on the other hand, fails in the case of ammonia and soda, but prevents precipitation by sodium carbonate and albumin. By combining the chlorides of ammonium and sodium, therefore, precipitation by any of the substances mentioned is prevented as well as by hydrochloric acid.

The two formulæ recommended are as follows:

1. Mercuric chloride, 1 gram: ammonium chloride, 20 grams: sodium chloride, 10 grams; distilled water, 1 liter.

2. Mercuric chloride, 1 gram; hydrochloric acid (at 22° Baume), 1 c.c.; distilled water, 1 liter.

---

UNDER the name of "Plaster-Mulls" Unna has introduced into the treatment of *Lupus* mixtures of salicylic acid and creosote of various strength, mixed with some adhesive substance, and spread on thin sheets of gutta percha. The combination cauterizes the morbid nodules, and finally causes them to be discharged. Pain is mitigated or prevented by Cocaine. (Compare *Med. News*, xlix, 347, and *Therap. Gaz.*, x, 760.)—*National Dispensatory*, 1894, p. 95.

---

AT the South Kansas Medical Society meeting at Arkansas City last Tuesday a resolution was passed indorsing the action of the convention at Topeka May 15, and the medical bill proposed by it.

---

DR. J. L. GILBERT, professor of Histology and Pathology in the Kansas Medical College, will do the bacteriological work for the Topeka Health Board.

---

DR. L. H. MUNN has been appointed surgeon for the C. R. I. & P. R. R. at Topeka, to fill the vacancy occasioned by the death of Dr. Alexander.

---

DR. J. E. MINNEY attended the Mississippi Valley Medical Association at Hot Springs, Ark., this week.